

**FINAL NOTES FROM GP PAN USER GROUP  
APPROVED**



***Connecting for Health***

**GP Pan User Group  
Notes of Meeting No. 11  
15<sup>th</sup> May 2008**

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**Attendees**

Dr Manpreet Pujara	NHS CFH GP Clinical Lead (Joint Chair)
Dr Peter Short	NHS CFH GP Clinical Lead (Joint Chair)
Dr Mary McMinn	Microtest GP User Group Representative
Dr Paul Nathan	TPP User Group Representative
Dr Tim Cotton	Healthy Crosscare User Group Representative
Dr Chris Mays	East of England GP Clinical Advisory Group
Dr Nick Lowe	North West & West Midlands GP Clinical Advisory Group
Teresa McCrory	NHS Northern Ireland Representative
Sandy Scales	NHS CFH GP2GP and Healthspace
Dr Sarah Young	Ascribe User Group Representative
Dr Charlie Stuart-Buttle	EMIS User Group Representative
Dr Nigel Taylor	Southern GP Clinical Advisory Group
Dr Tom Davies	InPS Vision User Group Representative
Stewart MacDonald	NHS Scotland Representative
Dr Tony Penney	East Midlands Clinical Advisory Group
Stewart MacDonald	NHS Scotland Representative
Kemi Adenubi	NHS CFH GPSoC Programme Director
Paula Moss	NHS CFH GPSoC Programme (Secretariat)
Dr Andy Carr	NHS CFH Spine Programme

**Apologies:**

Dr Joanne Bailey	BMA/RCGP Representative
Dr Julia Piper	Independent Doctors Forum Representative
Martin Dickinson	NHS Wales Representative
Richard Gunn	iSOFT User Group Representative
Dr Sarah Young	Ascribe User Group Representative
Dr Geraint Thomas	Healthy Crosscare User Group Representative

**Location**

The Kings Fund, 11 – 13 Cavendish Square, London, W1G 0AN

**Timing:**

10:30 – 15:45 hrs

**Circulation:**

When approved, minutes of all NHS CFH GP Pan User Groups will be published via the NHS Connecting for Health website: [www.connectingforhealth.nhs.uk/gpsoc](http://www.connectingforhealth.nhs.uk/gpsoc)

**Enquiries**

Any enquiries about these minutes should be directed to the GP PUG secretary via the GP Systems of Choice mailbox [gpsoc@nhs.net](mailto:gpsoc@nhs.net)

**FINAL NOTES FROM GP PAN USER GROUP  
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## **1 Welcome & Introductions**

The Chair welcomed all members to the meeting. All members introduced themselves in their roles.

## **2 Agreement of minutes of last meeting**

The minutes of meeting No. 10<sup>th</sup>, January 2008 were discussed and were agreed.

They will be published on the GP Systems of Choice programme website at [www.connectingforhealth.nhs.uk/gpsoc](http://www.connectingforhealth.nhs.uk/gpsoc)

## **3 Review of Actions**

### **3.1 Meeting No. 9**

<b>Ref</b>	<b>Owner</b>	<b>Action</b>	<b>Status Update</b>
47/2008	Manpreet Pujara/Gillian Braunold	to discuss and advise if requirements and specification for the Summary Care Record should be distributed to the group in future.	<b>Update:</b>

### **3.2 Meeting No. 11.**

<b>Ref</b>	<b>Owner</b>	<b>Action</b>	<b>Status Update</b>
51/2008	Kemi Adenubi	to ensure that PCTs are aware of the requirement to provide document management services that are compatible with GP2GP	<b>Update:</b>
52/2008	Kemi Adenubi	to report back on the issues raised around the implications of managing a record that includes data transferred from other practices using GP2GP.	<b>Update:</b>
53/2008	All	The group members were asked to communicate with their users to support the	<b>Update from group:</b>

**FINAL NOTES FROM GP PAN USER GROUP  
APPROVED**

		implementation of the PCT-Practice Agreement and to feed back any reservations expressed by users.	
59/2008	All	Members were asked to review the TORs with a view to identifying how they can be enhanced to reflect the discussions.	<b>Update from group:</b>

#### **4 General**

Peter Short introduced himself to the group as a practicing GP and now NHS CFH National Clinical Lead for Primary Care. Peter will support Manpreet Pujara as joint Chair of the GP Pan User Group.

#### **5 Development of the Clinical Spine Application by Andy Carr, Clinical Advisor to NHS CFH Summary Record Programme**

Presentation was given by Andy Carr into the iterative development of the Summary Care Record application, also known as the Clinical Spine Application (CSA).

The group asked a number of questions in relation to the development of the tool including the following:

Q: Does the application incorporate CUI guidance?

A: Yes – and several CUI developers were core members of the design team

Q: I was hoping the system would be utilised through the GP system, is this the case?

A: Yes it can be - there are basically three ways of accessing the Summary Care Record: you can view through a fully integrated local system – eg a GP system; you can view via the stand alone web application; or you can view by a local spine compliant system using the one click access view

Q: When the data is returned to the spine, what interface will it use?

A: The messaging standards are published for all software providers in the Message Implementation Manual (MIM)

Q: For the next release, will it be possible to get Outpatient files downloaded?

A: Yes, the version of the Spine being released later this year will support messages from a range of healthcare environments, and the first areas identified to go live are Outpatient Clinic letters, Inpatient Discharge Summaries, and Emergency Department reports

Q: Will this be integrated with Aداstra and out of hours services as live

A: Messages from a wide range of sources, including Out of Hours, have been defined, but there has been no decision as to when that content will be included

Q: Will the out of hours data be put into individual files as the concern would be that as the record becomes fuller it may become very full and would therefore not be a summary care record.

## **FINAL NOTES FROM GP PAN USER GROUP APPROVED**

A: Yes, all of the clinical content is identified by where it has come from, the author, the message type etc. There are a number of ways in which the clinical content will initially be able to be sorted, and as content increases these tools will be developed further.

### Discussion on Access

Q: How would the system know that a patient has granted temporary access

A: The clinician indicates this as a response to a question on the system, There would be a local decision on how the patients permission is recorded.

Q: Will this be automated

A: This may be a manual process initially

Q: How formal is the usability process

A: Usability testing is a key part of user centred design. Several of the design team have experience of this process from a range of different industries

Q: Is the GP Summary Screen configurable

A: Not currently. Customisation of the different views is not identified as a requirement at this stage however there is little doubt that it will become increasingly called for as the Summary Care Record becomes more widely used.

The discussion continued on the consent model and the group raised concern around the consent model and the adoption of this model. Andy identified that the consent model was often debated, and if it evolved then the designs depicted in the presentation may need to be reviewed.

The group advised that there were policies in existence and therefore to ensure the model was appropriate these would need to be aligned

The group felt it would be helpful to know who the GP representatives were on the DSG who are supporting the development and asked for a list to be provided.

**60/2008: Andy Carr: To provide a link or list so that group members can identify who the GPs are on the various groups consulted for the Summary Care Record.**

The group would like to discuss in more detail the thinking behind the development of the Summary Care Record and would like to invite Andy back to a future meeting with longer time being allocated to discuss. It was suggested this may be more appropriate when 2008A has been released and there is evidence of usability.

**61/2008: Paula Moss to distribute the slides presented to the group by Andy Carr.**

## **6 Update from Kemi Adenubi on GP IT**

### **6.1 GP2GP**

Kemi reported that TPP, iSOFT and the London LSP are all looking to gain GP2GP accreditation.

At the last Advisory Group concerns were expressed about the impact of importing poor quality data into their systems via GP2GP. Kemi reported back that, having consulted with a few practices using GP2GP, they felt that the issues with data quality existing with the transfer of information from paper records and that this was not just a problem with GP2GP.

## **FINAL NOTES FROM GP PAN USER GROUP APPROVED**

However, it is clear that perceptions of data quality will vary, particularly as practices start to receive records from other GP clinical systems. As interoperability between systems is increased attention will need to be paid to the training provided to practices who will be receiving records from an increasing number of different systems.

There was also some discussion about the decision to auto send records when requested by a patient's new practice. Although some did not like this function, the consensus was that this facilitated early access to a patient's records and was a good thing.

There was a question about whether all document management systems were compatible with GP2GP. Sandy Scales confirmed that most major document management systems were compatible with GP2GP and that where they are not, there is a place marker in the records for missing records and the practice can request paper copies from the sending practice.

### **6.2 QMAS**

There was a technology refresh of the QMAS platform recently and so far, this appears to have been a success. Due to the late conclusion of negotiations with GPs, updating QMAS to report on the new QoF parameters will take until August/September this year.

### **6.3 GPSoC**

Kemi reported that the majority of eligible practices (94%) were signed up to GPSoC by the end of March 2008 and that the financial targets required to secure funding for GPSoC were met.

The guidance for the PCT-Practice Agreement had been developed and was with the GPC for comment. Once comments had been returned and addressed the guidance would be published on the GPSoC website.

GPSoC are receiving new requirements from various areas and these will need to be assessed and prioritised. Stakeholders will be involved in the process of reviewing the requirements and helping to ensure that those selected for development meet the NHS' needs.

The GPSoC web site included published roadmaps with each supplier's dates for implementation of new functionality. NHS CFH are trying to find ways to work with suppliers to ensure that new functionality is delivered in reasonable timescales.. Manpreet asked if there was anything that the user groups could do to put pressure on their suppliers. Kemi said that the plans to annotate the roadmaps will provide information about progress that user groups could use in discussions with their suppliers.

Kemi gave an update on hosting to CFH standards and where each supplier is in relation to achieving accreditation.

Manpreet asked whether NHS CFH would be changing system supplier support hours to align with GP extended hours. Kemi responded that this is subject to confirmation of the budget stream for supporting GP led health centres.

**FINAL NOTES FROM GP PAN USER GROUP  
APPROVED**

NHS CFH is looking to conclude deals with suppliers relating to the supply of encryption services. These services will be funded by PCTs and not NHS CFH..

## **7 Update from Sandy Scales on HealthSpace Implementation**

### **7.1 HealthSpace**

Sandy identified that the purpose of the sessions was to update the group on where the strategy is but cannot unfortunately show the proof of concept strategy.

Three year delivery strategy under the slide presented.

Sandy will send out slides and the requirements document for comment. There is an understanding that the system will evolve over time.

**62/2008: Paula Moss to distribute the slides presented and the requirements document to the group.**

Areas for including into HealthSpace are on slide two.

Discussions around patient access and patient interaction

Addresses: it is felt that two addresses would be appropriate for each person and that their temporary address should be able to be changed via HealthSpace.

Discussions around privacy and security.

### **7.2 Choices**

Portal to the NHS is through Choices and there will be a sign-post for HealthSpace from there. How this works is currently being reviewed but Sandy will keep the group updated as this evolves.

Sandy felt it would be helpful for the group to receive a presentation from the Choices team and suggested Bob Gann.

**63/2008: Paula Moss to extend an invitation to the Choices Team to present to the group.**

### **7.3 Communicator**

The group discussed the use of communicator as a tool to keep in contact with patients. The group felt it would be essential if there was an option enabling the GP to decide which patients could use this tool as they felt it would not be appropriate for all patients.

**FINAL NOTES FROM GP PAN USER GROUP  
APPROVED**

HealthSpace will be appointing a clinical lead and a clinical safety lead. Sandy extended an invitation to the group to apply. Sandy will send the adverts to Paula once the roles become available for advertising.

**64/2008: Paula Moss to forward the advertisement for the roles of Clinical Lead and Clinical Safety Lead for Healthspace to the membership of the group once available.**

## **8 Discussion on Terms of Reference**

Manpreet identified that there was an opportunity for the group to expand their remit and suggested that the group may be seen in the future as a source for input into developments into Primary Care. Manpreet commented that it is recognised that the GP practice community is well organised and have been running for many years where community system user groups have only recently started up. There has been suggestion that a community care group would need to include a GP Focus with the potential of a merger in the future.

Tim Cotton commented that General Practice is not the same as primary care or community health and that SHAs have different views. Tim felt that the openness of the minutes and the frank discussions that are possible within this existing Pan User Group are very useful and therefore it is important to keep this going.

Manpreet Pujara commented that there is a suggestion to see the development of a primary care forum and having joined up records will necessitate the need for other professionals to have access to records. There is currently a gap between secondary care and primary care and it is therefore important to have joined up thinking. The JGPITC and RCGP HISG are the two prime GP professional representative committees, independent of NHS CFH, providing Medical Profession engagement. Both have significant experience with wider Primary Care implications of IT system expansion.

Peter Short commented that the dialogue needs to continue to ensure the NHS are getting national interoperable solutions that suit local clinical needs and if the group was to expand to encompass the whole of primary care then this would be to provide additional benefit and facilitate record sharing.

The chairs felt it would be important to maintain the independence of the group at this stage.

Further discussions between Peter Short and Manpreet Pujara would continue with a revision to the Terms of Reference.

**65/2008: Manpreet Pujara/Peter Short to review the GP PUG Terms of Reference and distribute a new version for comment by the group.**

## **9 AOB**

The group agreed that there would be a meeting on 10<sup>th</sup> July if possible.

**66/2008: Paula Moss to send invitation to the group members of 10<sup>th</sup> July as a new meeting date.**

**FINAL NOTES FROM GP PAN USER GROUP  
APPROVED**

For the agenda it was suggested there should be a presentations on Choices, IGSoC and HealthSpace.

**10 Future Meetings**

10<sup>th</sup> July 2008 – please note this is a new meeting  
18<sup>th</sup> September 2008 – please note this is a change.  
27<sup>th</sup> November 2008

The meetings will be held in The Kings Fund, Central London at either 10:30am to 3:30pm or 11.00am – 4.00pm.

Agenda's and papers would be distributed one week prior to the meeting commencement.